



CONFIDENTIALITY IS PROTECTED BY ONE OR MORE FEDERAL OR STATE STATUTES

Charlie Crist
Governor

Dr. Ana Viamonte Ros M.D., MPH
Secretary, Department of Health

Child #1

Last Name: _____

First Name: _____

Middle Name: _____

Female or Male: _____

Date of Birth: _____

Race: _____

Social Sec. #: _____

GRADE: _____

Child #2

Last Name: _____

First Name: _____

Middle Name: _____

Female or Male: _____

Date of Birth: _____

Race: _____

Social Sec. #: _____

GRADE: _____

Child #3

Last Name: _____

First Name: _____

Middle Name: _____

Female or Male: _____

Date of Birth: _____

Race: _____

Social Sec. #: _____

GRADE: _____

HOME ADDRESS _____ CITY: _____ ZIP CODE: _____

PARENT/GUARDIAN _____ PARENT/GUARDIAN DOB ____-____-____ PARENT/GUARDIAN SS# ____-____-____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

****FEMALES WHO ARE PREGNANT OR WHO MAY BECOME PREGNANT WITHIN 3 MONTHS SHOULD NOT RECEIVE THE MEASLES, MUMPS & RUBELLA VACCINE. PLEASE NOTIFY THE NURSE.****

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